

| POSITION                  | INITIALS      | ID NO.          | DATE            |
|---------------------------|---------------|-----------------|-----------------|
| FEE DETERMINATION         | <i>C.D.</i>   | <i>11/17/00</i> | <i>11/17/00</i> |
| O.I.P.E. CLASSIFIER       | <i>Antoni</i> | <i>72 826</i>   | <i>11/27/00</i> |
| FORMALITY REVIEW          |               |                 |                 |
| RESPONSE FORMALITY REVIEW |               |                 |                 |

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim          | Date |
|----------------|------|
| Final Original |      |
| 1              | ✓    |
| 2              | ✓    |
| 3              | ✓    |
| 4              | ✓    |
| 5              | ✓    |
| 6              | ✓    |
| 7              | ✓    |
| 8              | ✓    |
| 9              | ✓    |
| 10             | ✓    |
| 11             | ✓    |
| 12             | ✓    |
| 13             | ✓    |
| 14             | ✓    |
| 15             | ✓    |
| 16             | ✓    |
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| Claim          | Date |
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| Final Original |      |
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| Claim          | Date |
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| Final Original |      |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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